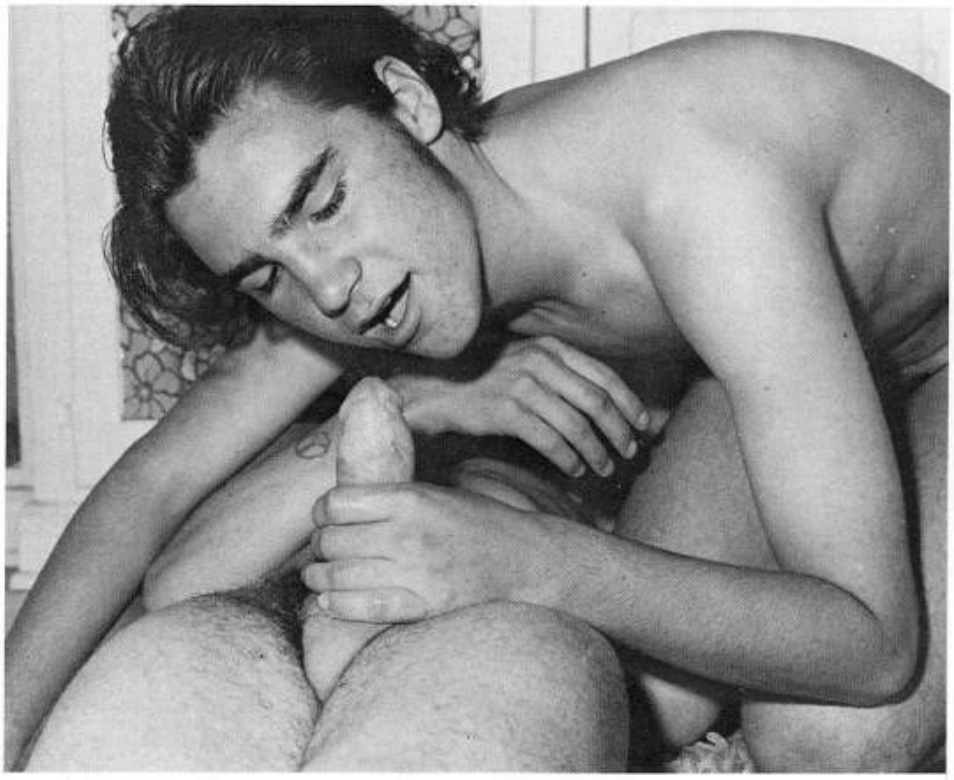
Boys NUMBER ONE NIGHTOUT

$6.00

RDI

Looking for hard action?
If these horny young studs don't get you up, you're just not paying attention!

ADULTS ONLY



The myths surrounding male orgasm and ejaculation are as unique as the female orgasm myths are complex. Perhaps part of the uniqueness stems from the fact that it is to the penis, and to the male dominance and mastery during intercourse, that we attribute so much of our faith in the power and intensity of sex. This even goes back centuries ago when phallic worship was in its heydey.

Therefore we end up with myths that (a) attribute incredible and absolute powers to the male and his sexual organ while at the same time (b) infer a certain weakness or limitation on his powers with that organ. Essentially such ambivalence, according to Freud in his *Totem and Taboo*, indicates a desire to have sex represented as something legendary—and thus mythological—while at the same time not wanting to admit that our known physical powers could not possibly measure up to such legendary performance, thus the weaknesses and limitations.

Myth: "Men have only a certain amount of semen and once that is used up there can be no more ejaculations."

This sexual fallacy is closely akin to the myth discussed in the chapter on intercourse which holds that we are permitted just so many coital experiences, and is just as invalid. This particular myth has been perpetuated by parents who have caught their sons in the process of masturbation, and by parents of teenagers who are known to be indulging in coitus at an early age.

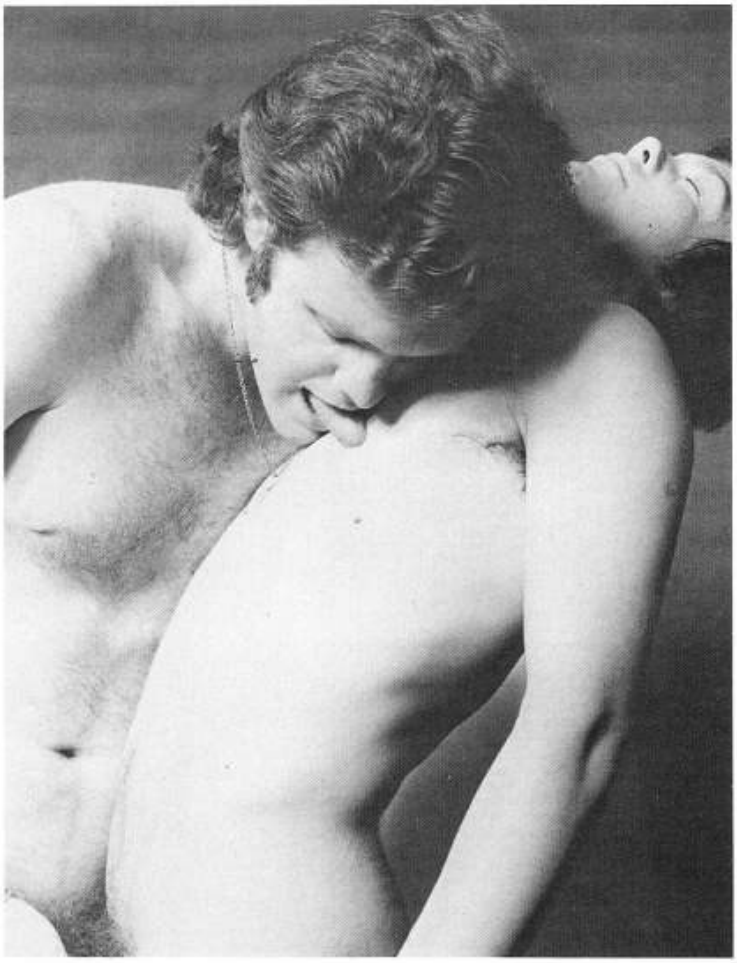
"Most boys," says Dr. McCary, "have heard that each ejaculation takes from his body some fantastic amount of protein, blood, strength and the like, most of which, they are warned, will be difficult to replace—if replacement is possible at all!

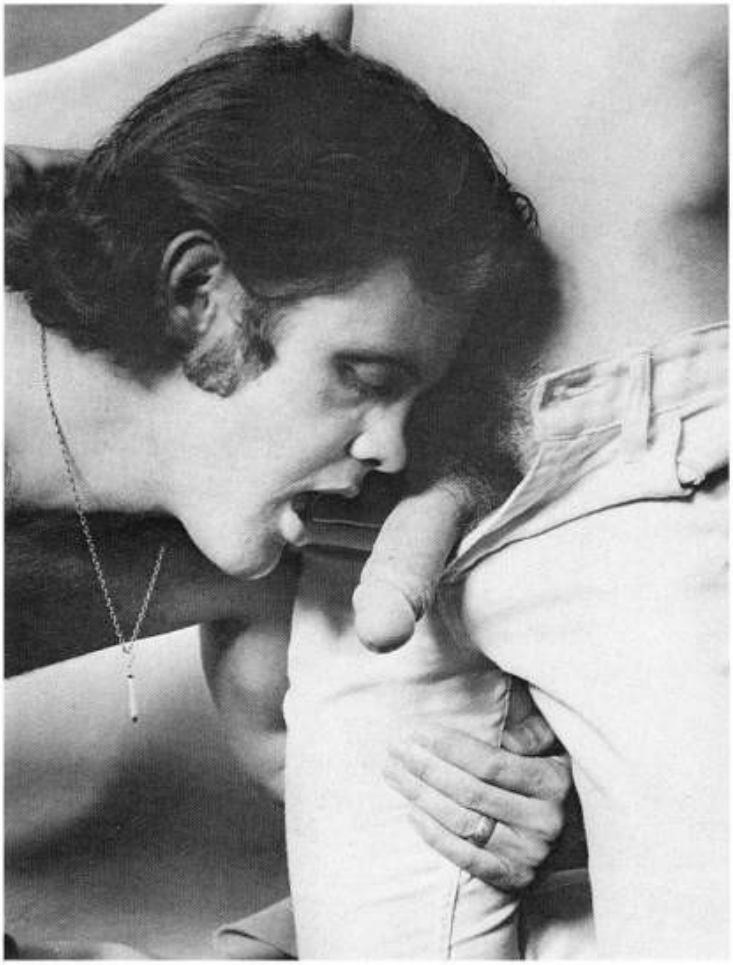
"Experts in hormonal functioning have shown that the chemical constituents of semen are constantly being replenished by a normal intake of food, and that the production of sperm is also a continuing process.

"Ejaculated sperm are, therefore, easily and quickly replaced in a healthy body in much the same way that saliva is constantly being replenished."

Masters and Johnson do indicate, however, that there are instances when the normally potent male —that is, the man who has thus far been normally potent and active sexually—finds that his performance is beginning to slip, that he is taking longer and longer to attain an erection, and that once attained, his erection is in greater need of constant stimulation in order to result in an orgasm.

Such a man may fall victim to the "potency limitation" myth and worry that he has in his youth overextended himself, burning himself out, and using up his masculinity. And this fear, as Dr. Caprio points out, would be responsible for greater damage to his sexual performance than if the myth were true in the first place!





A healthy man, regardless of his age, may enjoy sexual intercourse as well as the varying other expressions of sex to the *fullest*, without any worry about "using himself up." A body that is normally provided with the necessary nutrition will be able to function without restriction and without limitation, provided the mind doesn't throw a monkey wrench into the machinery.

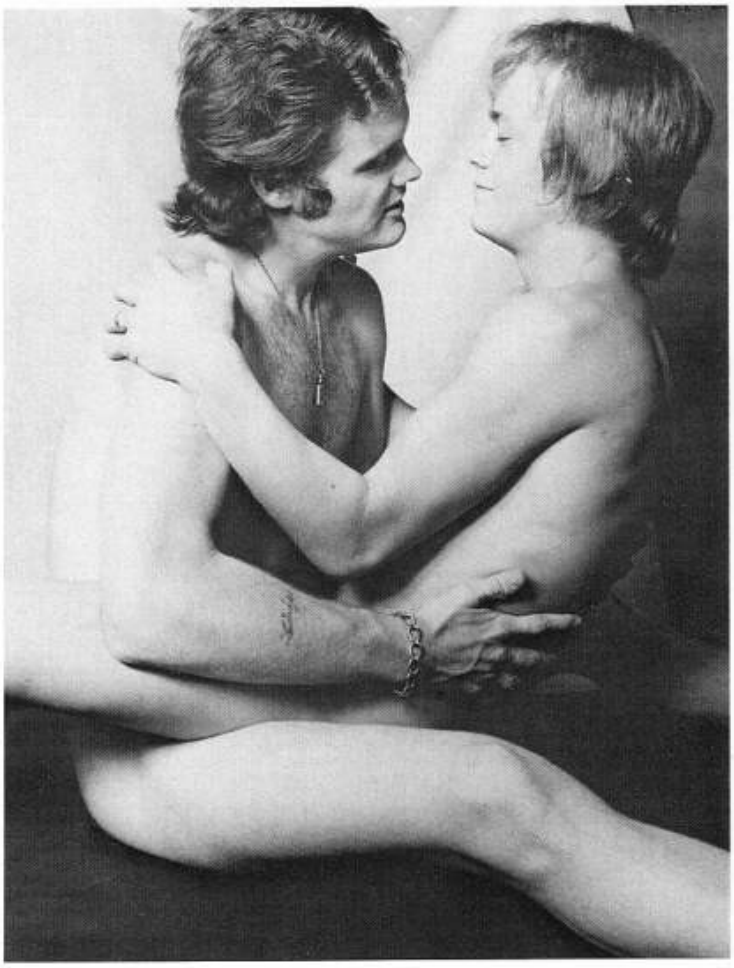
Such a man should not fear that he is encouraging too many erections, or that he is wasting an otherwise precious and limited ejaculation, or that he must think twice before engaging in intercourse because of any physically limiting fears. He should be, instead, mindful of the fact that sexual enjoyment in any and all forms will be available to him for as long as he has a willing partner!

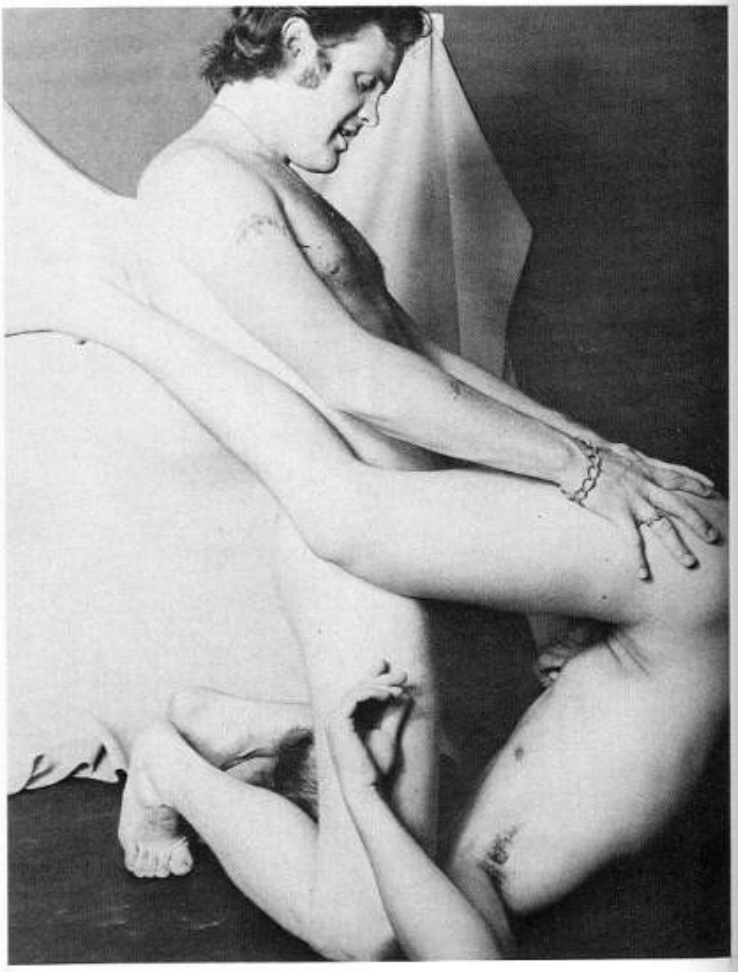
There are, however, certain changes that do take place as the male ages. Masters and Johnson, in their *Playboy* article, tell us that "the male's erection will take longer to achieve once he's past his 40's. It may take minutes, as compared with seconds in his salad days.

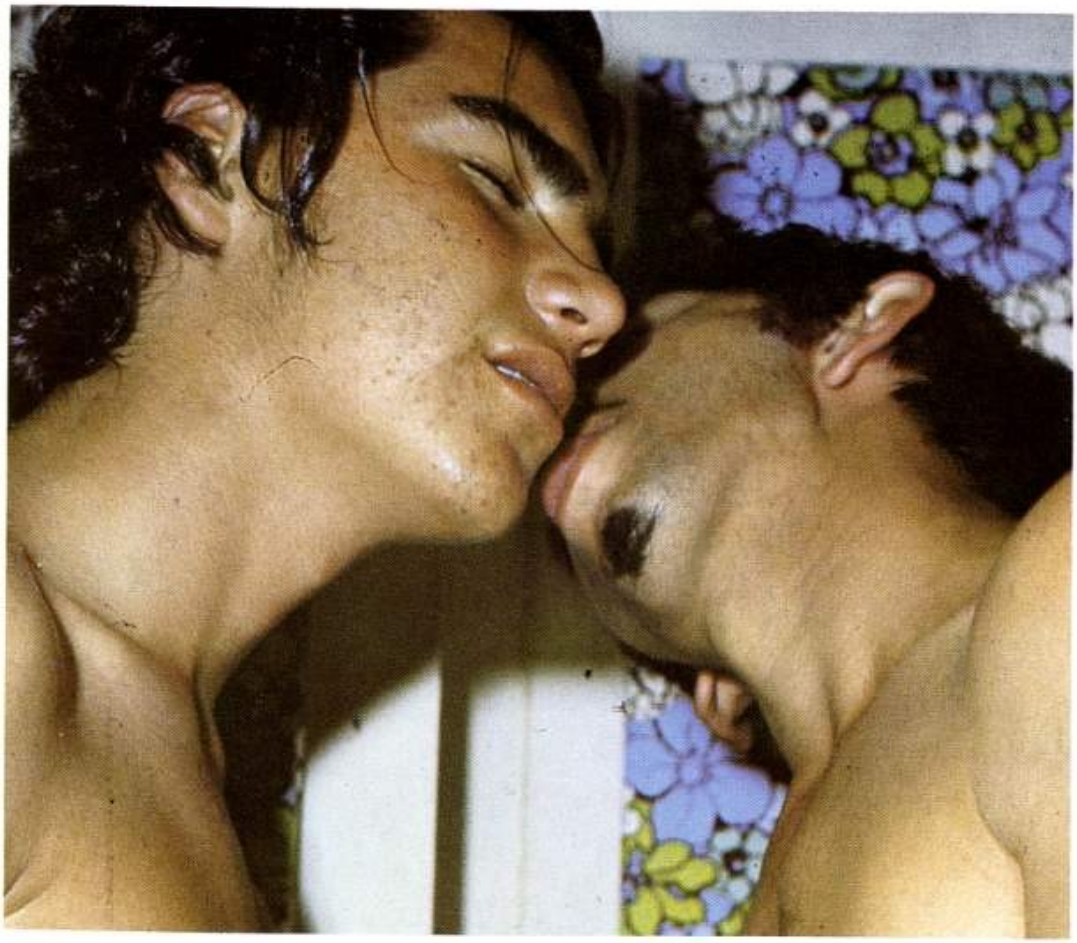
"Also, his erection may not be as full or as firm as it was when he was younger. If he has an understanding partner who helps him guide his penis into her vagina, he'll find that it will become sufficiently erect after a few strokes."

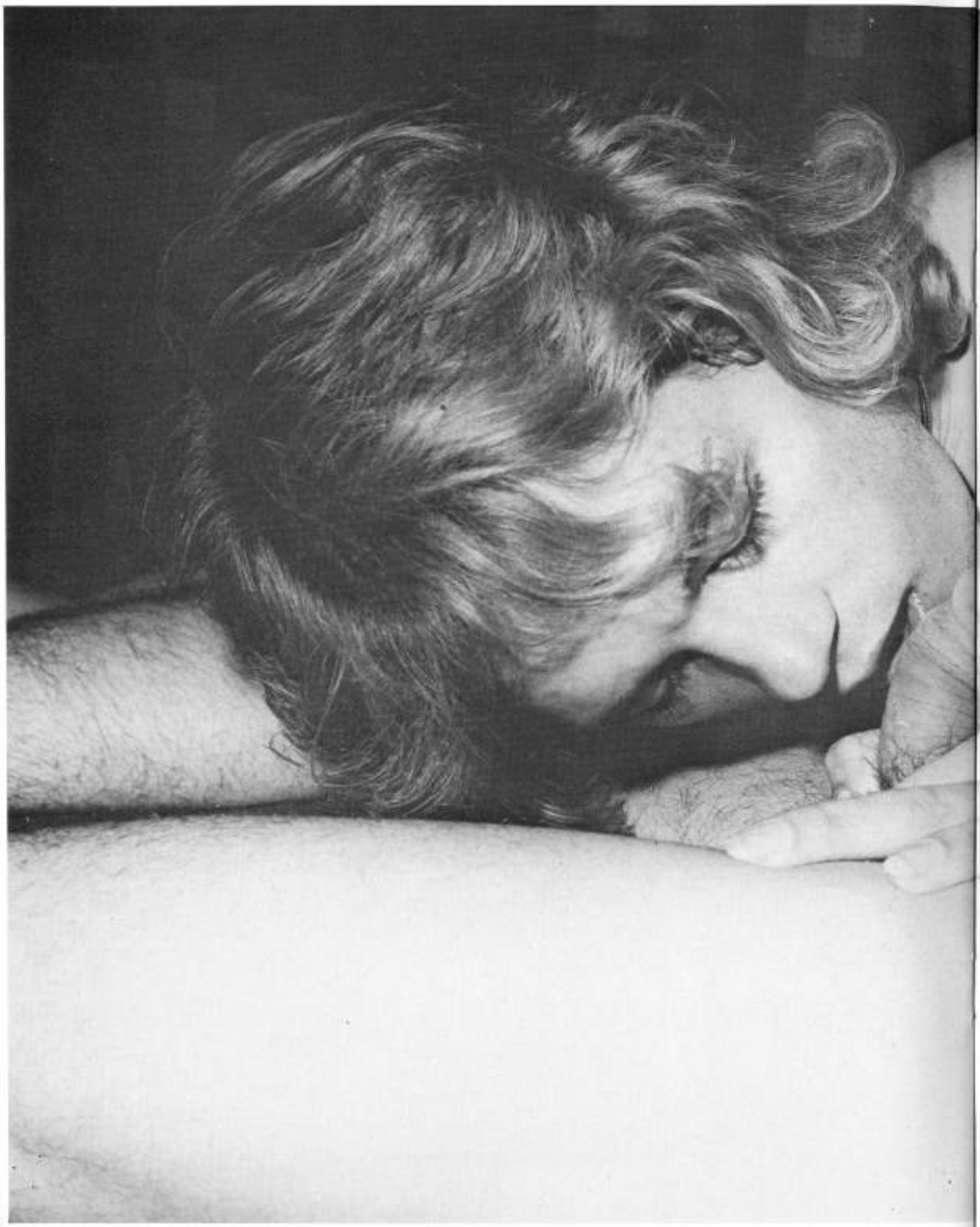
There is also, the sexological team tells us, a lessening in the amount of the ejaculation as well as the force with which it is expelled from the male body and into the vaginal tract. Furthermore, once the sex act has been completed, i.e. male ejaculation has occurred, the penis will more quickly return to its flaccid state without retaining some degree of tumescence as it once did.

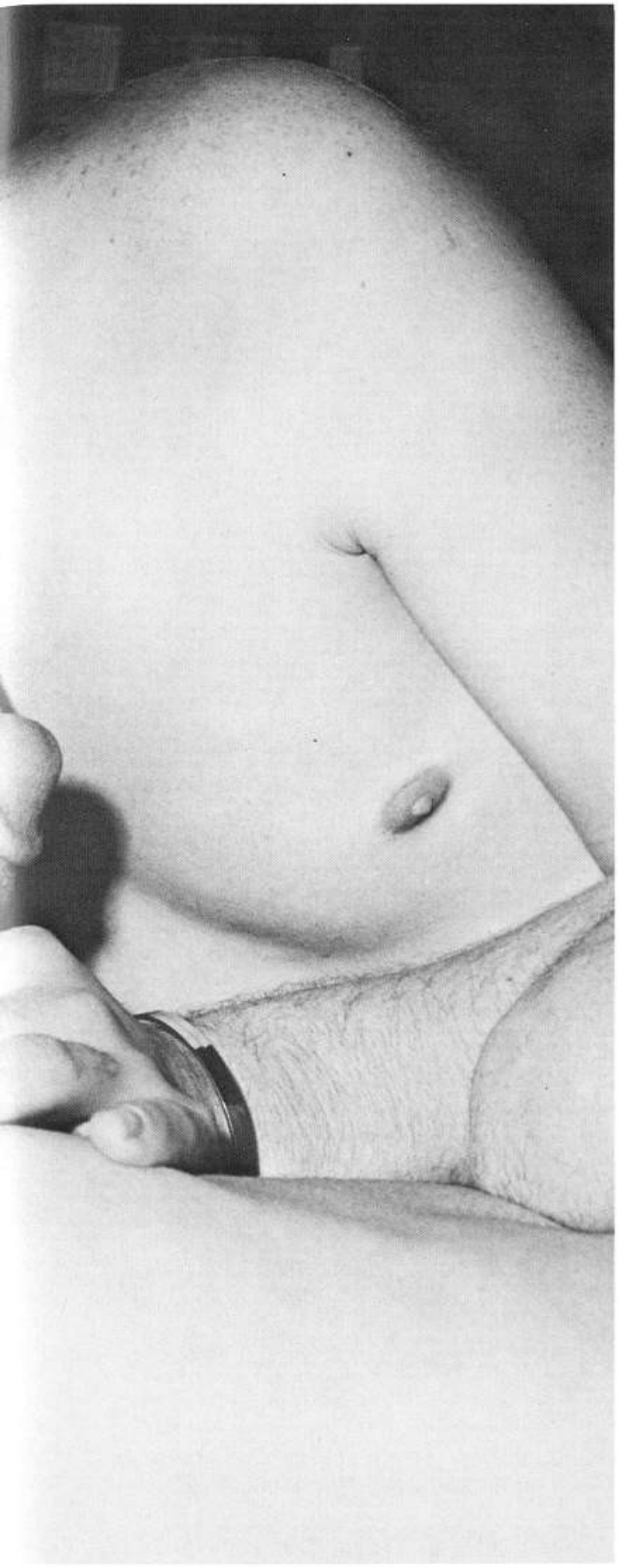
After such a time the male will find that it takes considerably longer before he is able to attain another erection. This is true regardless of his urges or drives.











Most importantly it should be remembered at such a time that the man is not victim of a dropping off in power because he has "used himself up." If he starts to think such a thing, *it will happen!* Instead he should remember that he simply is not as young as he once was, and almost all bodily functions take a little longer now, etc. That, and only that, is all there is to worry about!

We might digress for a moment to refer in a rather backhanded way to the notion that any man who requires assistance during the erection process is less a man than his counterpart. This is one of the most damaging sexual myths because it perpetuates a foolish notion of manliness.

Most men, said Julius Fast, appreciate an assist now and then from their wives or lovers. The erection process, according to John E. Eichenlaub in his book *The Marriage Art*, is simply not a mechanical response. *Many* men are able to respond to their partners with very large erections if the partner applies either manual stimulation or genital-oral stimulation.

Manual stimulation, as described by Van de Velde in his manual *Ideal Marriage*, is a perfectly normal activity between a man and a woman, and also manages to save more than one *potential* coital experience from disaster. In such a case the partner strokes the underside of the organ, paying particular attention to the corded area. Using long, unbroken strokes, the idea is to extend the motion from just below the *glans*, or head of the penis, along the length of the shaft to the area of the phallus that disappears into the male body itself, known in the vernacular as the root.

Oral-genital stimulation of the penis may consist of fellatio, the most common oral act for the passive male, during which the active partner places the mouth around the glans of the erected organ and uses the lips, tongue and sometimes even the teeth. The mouth can also be used to great effect along the swollen shaft of the column, right down to the scrotum itself.

It might be noted that this practice is employed very often, according to George Henry in his *Society and the Sex Variant*, among homosexuals who desire anal intercourse predominantly. In other words, the oral-genital act helps to achieve a more powerful erection for the anal act itself.

And a concluding note on this aspect of the male orgasm is to refute the *myth that the man who enjoys fellatio, even with a female active partner, is demonstrating a homosexual trait.*

Kinsey and Packard both found that men held a particular preference for oral orgasms, as it were, because of their ability to relax completely while their partner "did all the work." This ability to give in fully and completely to the body sensations as climax approaches makes many men capable of more satisfying climaxes than if they had to be concerned with making their partner climax at the same time.

Women, while not always desiring to perform fellatio, distinctly like the corresponding oral act, cunnilingus, to be performed on them. Freud felt that a certain amount of the rejection of oral sex acts stemmed from the connection between the genitals as organs of sexual pleasure as well as being organs of urination. It would seem obvious from the increased enjoyment of oralism today, however, that more and more individuals are not being concerned about this matter. And once again, Packard found that the willingness to engage in oral-genital sex acts was greater among the higher educated men and women than the lower.

Myth: "The man's ejaculate or 'load' comes directly from the testicles to the penis."

Whereas the clitoris seems to be the area of greatest ignorance as far as the woman's sexual anatomy is concerned, the relationship between the testicles and the penis from the ejaculatory standpoint is apparently the most severe informational gap regarding the male anatomy.

The testicles "manufacture" spermatozoa, or the gene-carrying bodies which fertilize the female egg with the genetic characteristics of the male. But, contrary to the vast body of popular writings which proclaim such activities as "the boiling hot sperm bubbled inside his balls and finally erupted, cascading up through his penis and out into her," the fluid manufactured within the testicles is not the ejaculate fluid as we know it. Instead, the spermatozoa, once mature, are directed through an intricate path work, described in Van de Velde's comprehensive study of the male anatomy, through the spermatic duct, the seminal duct, the Cowper's glands and the vas deferens.

This circuitous route, as explained in *Ideal Marriage*, is due to the fact that the testicles did, at one time, exist within the male body. It has only been within the relatively recent evolutionary years that the testicles exist outside the body in the scrotum.

By the way, there is a certain amount of truth to the myth that certain men have vaginas. Frank S. Caprio, M.D., in his book *Facts and Fallacies About Sex*, points out that in the fetal stage, genital characteristics of both sexes exist and the genitals of one sex develop according to predetermined patterns while the other genitals are thwarted. But both continue to exist in the body. In the female, the penis is thwarted and becomes the clitoris, while in the male the vagina is thwarted and *remains inside the body of most men in its shriveled state just below the prostate gland!*

At one time it was believed that an individual who had the genital characteristics of both sexes was a *hermaphrodite.* But such is not the case, as Caprio explains. The true hermaphrodite, regrettably enough, is subject to a whole bevy of myths particular to that condition.

In any event, the spermatozoa, once produced in the testicles, are then stored within the body until such time as sexual arousal and the erection process brings them into motion once again. Then, at a critical moment prior to ejaculation, the spermatozoa are mixed with a solution which we know as *seminal* fluid and the combined solution now begins to descend through a network of tubes and ducts while the ejaculation mechanism begins. This consists of a series of spasmodic muscular contractions, described in thorough detail by Van de Velde, and results in the fluid being expelled from the penis with considerable force.

Myth: "The uterus sucks up the ejaculate."

Though this is ostensibly a chapter on the male orgasmic functioning, it seems apropos to make mention of this myth since it is directly related to the male ejaculate, or seminal fluid. Dr. McCary makes mention of this myth in his book *Human Sexuality*, and apparently it stems from the failure of many individuals to take into account the fact that the sperms themselves are quite mobile and come complete with a tail which propels them through the seminal fluid with an oar-like motion.

But it is interesting to note at this time that the sperms, rather than immediately attacking the uterus at the time of ejaculation, take upwards of *three to four hours*, according to Van de Velde, before they reach that critical area.

There are several myths that take into account the super-sensitivity of the penis. One of these is that *premature ejaculation comes about as a result of an overly sensitive penis.* There is no evidence to support this contention. Dr. Caprio refers to this myth and refutes it by saying that premature ejaculation, or ejaculation before intromission or shortly following intromission, is a sexual conflict and should be treated as such without the male thinking that he is comfortably oversexed as a result of it.

Fear, according to Dr. Caprio, plays a very important part in this problem, and he says that some psychiatrists claim that the condition results from a conflict between the "urge to gratify one's sexual desires and an opposing force, the inhibition of such an urge."

Nine times out of ten, however, the disorder is soley a matter of the mind controlling the body and it is not a myth, according to several competent writers, that the mind can in turn control the mind and the individual can learn to correct the problem on his own. For those who lack the self-discipline to do so, psychiatric therapy has been known to help.

The goal, in the long run, is for the man to be able to insert his erect penis into the vagina and to maintain his thrusting, etc., for as long as is mutually satisfying to him and his partner. Many men, by simple use of a psycho-sexual block, are able to delay their ejaculations simply in order to gain a longer thrusting time. They do this by stopping their motions when they feel the ejaculation process beginning, and immediately turning their attention to something totally non-sexual.

Some men, according to Masters and Johnson, do the multiplication tables for a few moments, while the ejaculation pressures subside. Then, after usually no more than a minute, they begin thrusting again, building up another time to the point of ejaculation. It is conceivable that this may be done time and time again, delaying one's ejaculation throughout a very prolonged intercourse.

The penis sensitive myths also include this one:

Myth: "That circumcision makes it difficult for a man to control ejaculation."

Dr. McCary points out that until the benefit of the Masters and Johnson sexual research, this myth was accepted as "biological fact." The reasoning seemed to be that since the *glans* or head of the penis was known to be the most sensitive area, then it stood to reason that the man who was circumcized and whose glans did not have the sheath-like covering, had greater sensitivity of the penis. The fallacious reasoning failed to take into account the rather obvious fact that the prepuce, or foreskin, is withdrawn during most men's erections thereby exposing the glans in much the same way as if the penis had been circumcized. In those rare cases where this does not occur, the frictation involved during intercourse presses the foreskin far enough back so that the glans is completely uncovered.

Many individuals, according to Kinsey, think that there is some difference between a circumcized and an uncircumcized penis when it comes to masculinity or sensitivity. There seems to be no substantiation for this fallacy whatsoever. Research indicates only one possible area of extra sensitivity in the case of the uncircumcized penis, and that is in the case of oral-genital relations. Some practitioners of fellatio enjoy using their lips and tongue on the foreskin, working their tongue between the foreskin and the glans, or otherwise bringing the prepuce into play.

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